Provider Certification of Medical Necessity

Please use this form for the Anser® therapeutic drug monitoring test performed for your patient. Completed form can be faxed to 858-535-2191.

Anser testing, available exclusively from Prometheus®, is a drug-tolerant homogeneous mobility shift assay (HMSA) that simultaneously quantifies biologic drug and anti-drug antibody concentrations in serum, to assess if treatment targets are being met and/or if immunogenicity is impacting biologic exposure.

Patient Name:_____ **Date of Birth:**_____ **Member ID:**_____

Test Performed:_____ Order Date:_____

Primary ICD-10 Code:_____ Additional ICD-10 Code(s):_____

Ordering Physician:_____ NPI:_____

Phone:_____ Fax:_____ Email:_____

Treating Physician:
*(if different from above)*_____ NPI:_____

Phone:_____ Fax:_____ Email:_____

Reason(s) for testing:

- ☐ Primary nonresponse
- ☐ Switch to biosimilar
- ☐ Maintenance monitoring
- ☐ Secondary loss of response
- ☐ Infusion reaction/Adverse event
- ☐ Other (see comments below)
- ☐ Drug holiday restart
- ☐ Induction monitoring

Current Treatment(s) (check all that apply):

- ☐ Infliximab or infliximab biosimilar
- ☐ Adalimumab or adalimumab biosimilar
- ☐ Ustekinumab or ustekinumab biosimilar
- ☐ Vedolizumab
- ☐ Risankizumab
- ☐ Immunomodulator
- ☐ Aminosalicylate (5-ASA)
- ☐ Corticosteroids
- ☐ Other: _____

Current Biologic Dose and Interval:

Dose: _____ ☐ mg ☐ mg/kg

Interval: _____ ☐ days ☐ weeks

Previous Treatment Failure(s) (check all that apply):

- ☐ Aminosalicylates (5-ASA)
- ☐ Immunomodulators
- ☐ Corticosteroids
- ☐ Infliximab or infliximab biosimilar
- ☐ Adalimumab or adalimumab biosimilar
- ☐ Ustekinumab or ustekinumab biosimilar
- ☐ Vedolizumab
- ☐ Risankizumab
- ☐ Janus kinase (JAK) inhibitor
- ☐ Sphingosine 1-phosphate (S1P) modulator
- ☐ Other: _____

Medical Necessity Certification Statement

I, the treating physician, have determined the above ordered test is medically necessary and appropriate for continued treatment decisions, which is based on my observation and clinical judgment. The Prometheus Anser Test provides additional information that supports my ability to improve patient care and disease management.

Additional comments (optional): _____

_____

_____

_____ _____

Treating Physician Signature Date

Anser was developed, and analytically and clinically validated by Prometheus Laboratories Inc. under federal Clinical Laboratory Improvement Amendments (CLIA) laboratory guidelines, and is performed exclusively in our high complexity CLIA certified and College of American Pathologists accredited clinical laboratory. As a laboratory developed test, it has not been cleared or approved by the US FDA. The test may be covered by one or more US pending or issued patents - see prometheuslabs.com/patents. Prometheus and Anser are registered trademarks of Prometheus Laboratories Inc. ©2025 Prometheus Laboratories Inc.; all rights reserved.

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